

12-20-04  
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
(703) 746-4000**

or **Fax**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23690 7590 11/17/2004

Roche Diagnostics Corporation  
9115 Hague Road  
PO Box 50457  
Indianapolis, IN 46250-0457

12/21/2004 SZEWDIE2 00000068 022958 09960428

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

EV 421106524 US

Certificate of Mailing or Transmission **Express Mail**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Michele Wilson	(Depositor's name)
Michele R. Wilson	(Signature)
December 17, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/960,428	09/21/2001	Harald Sobek	RDID00105US	5555

TITLE OF INVENTION: METHOD FOR PRODUCING AN ACTIVE HETERODIMERIC AMV-RT IN PROKARYOTIC CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	02/17/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATTERSON, CHARLES L JR	1652	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- Marilyn Amick
- Roche Diagnostics
- Operations, Inc.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ROCHE DIAGNOSTICS OPERATIONS, Inc. Indianaopolis, IN U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2958 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Marilyn Amick

Date 12/17/04

Typed or printed name Marilyn L. Amick

Registration No. 30,444

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**FEE TRANSMITTAL****FOR FY 2005**

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**1,700.00****Complete if Known**

Application Number	09/960,428
Filing Date	September 21, 2001
First Named Inventor	Harald SOBEK
Group Art Unit	1652
Examiner Name	Charles L. Patterson, Jr.
Attorney Docket Number	RDID00105US

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None ☐ Other (please identify): \_\_\_\_\_
☒ Deposit Account: Deposit Account Number

023690

Deposit Account Name

Roche Diagnostics

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees  
☐ Charge fee(s) indicated below, **except for the filing fee** to the above-identified deposit account.
**FEE CALCULATION:****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150		250	200	100	_____
Design	200	100	500	50	130	65	_____
Plant	200	100	100	150	160	80	_____
Reissue	300	150	300	250	600	300	_____
Provisional	200	100	500	0	0	0	_____
			0				

**2. EXCESS CLAIM FEES****Fee Description**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ -20 or HP = _____ x _____ = _____						
(HP = highest number of total claims paid for, if greater than 20)						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ -3 or HP = _____ x _____ = _____						
(HP = highest number of independent claims paid for, if greater than 3)						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	_____	_____	_____	_____
_____ -100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

**Fee Paid (\$)**

Other: Issue Fee and Publication Fee

**\$1,700.00****SUBMITTED BY:**

<b>Name (Print/Type):</b>	Marilyn L. Amick	<b>Registration No.:</b> (Attorney/Agent)	30,444	<b>Telephone:</b>	(317) 521-7561
<b>Signature:</b>	<i>Marilyn Amick</i>			<b>Date:</b>	12/17/04

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Express Mail Label No.: EV421106524US

<b>Name (Print/Type)</b>	Michele Wilson	<b>Date</b>	12/17/04
<b>Signature</b>	<i>Michele Wilson</i>		